

FORM 3011-1 (1/08)

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF OKLAHOMA**

FILED *DK 14*
2010 APR 16 AM 10:11
MICHAEL J. DAVIS, CLERK
U.S. BANKRUPTCY COURT
NORTHERN DISTRICT OF OKLA.

IN RE:**Terrence Phillip Dillon,****Debtor(s).****Case No. 99-03441****Chapter 7**

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

American Property Locators, Inc. ("Applicant") applies to this Court for entry of an order directing the Clerk to remit the sum of \$3,492.64 due to Watson Investment Partners LP Watson Asset Management, Inc. ("Claimant").

1.	Full legal name of Claimant <i>(If Claimant is an individual, skip to Question No. 5)</i>	Watson Investment Partners LP Watson Asset Management, Inc.
2.	Type of Entity (corporation, LLC, partnership)	Corporation
3.	State of Incorporation/Organization	New York
4.	Name and Title of Authorizing Officer or Representative	Stephen T. Watson, President/CEO
5.	Current Mailing Address	187 Grand Street, #1 New York, NY 10013
6.	Telephone Number	(347) 237-7813
7.	SS# (last 4 digits only) or EIN #	13-3943332
8.	Amount Being Claimed	\$3,492.64

Applicant represents that Applicant is authorized to submit this Application and is entitled to receive the requested funds based upon:

(check the applicable box)

- ☐ Applicant is the original creditor and owner of the funds as it appears on the records of this Court;
- ☐ Applicant is the assignee of the original creditor's claim to said funds, as evidenced in the attached documentation;
- ☐ Applicant is the original creditor's successor in interest, as evidenced in the attached documentation;

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- [X] Applicant is an attorney or "funds locator," named in a special/limited power of attorney, which document is attached hereto, that is valid under the laws of the State of Oklahoma, that empowers Applicant to collect the unclaimed funds described above on behalf of the Claimant. Applicant states that the Claimant is the:

(check the applicable box)

- [] original creditor and owner of the claim;
- [] original creditor's attorney with authorization to receive said funds;
- [] assignee of the original creditor's claim to said funds;
- [] successor in interest of the original creditor; or
- [] personal representative of the original creditor's estate.

Attached to the Application is the "Affidavit of Claimant." *(The Affidavit of Claimant is required only if the Applicant is an attorney or funds locator.)* Applicant completed all necessary information on the Affidavit of Claimant prior to providing such Affidavit to the Claimant for execution. *(This is necessary to ensure that the alleged claimant, contacted by a funds locator, has sufficient information to verify that he/she/it is in fact entitled to the funds that the attorney or "funds locator" is applying for on behalf of the Claimant.)*

This Application is submitted with the necessary documents to establish (1) Applicant's authority to collect the unclaimed funds on behalf of the Claimant and (2) the Claimant's entitlement to the particular unclaimed funds. The Application was completed and submitted in accordance with this Court's **Instructions for Filing an Application for Payment of Unclaimed Funds**.

Applicant declares under penalty of perjury that sufficient inquiry has been made to determine that the above funds have not been previously paid, no other applications for payment of said funds are pending, and no party other than Claimant is entitled to submit a request for disbursement of the funds.

Applicant certifies that a copy of this Application (and all attachments) was provided to the Office of the United States Attorney, Northern District of Oklahoma, Attn: Civil Process Clerk, 110 W. 7th Street, Suite 300, Tulsa, Oklahoma 74119-1029, as evidenced by the Certificate of Service attached hereto.

Applicant requests that the Court enter an Order directing payment of the unclaimed funds described above to the Applicant, or if the Applicant is not the Claimant, to the Applicant and Claimant, in accordance with the documents submitted in support of the Application.

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I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief.

Dated: <u>4/14/10</u> Tax ID #: <u>73-1425193</u> (of the Applicant)	<u>American Property Locators, Inc.</u> Name of Applicant (if not an individual) By: <u>[Signature]</u> Print Name: <u>Greg Griffith</u> Title: <u>Agent</u> <u>3855 South Boulevard, Suite 200</u> Street Address <u>Edmond, OK 73013</u> City/State/Zip <u>(405) 340-4900</u> Telephone (including area code)
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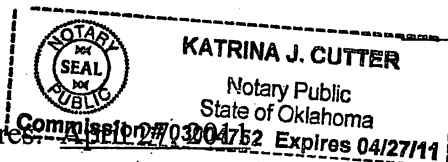
State of Oklahoma)

) ss.

County of Oklahoma)

Before me, Katrina J Cutter, a notary public in and for said state, on this 14 day of April, 2010, personally appeared Greg Griffith, as agent [capacity, e.g. president, treasurer] who executed the within foregoing instrument on behalf of said American Property Locators, Inc. [name of entity], and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed on behalf of said corporation [type of entity, e.g. corporation, limited liability company, partnership] for the uses and purposes therein set forth.

[SEAL]


[Signature]
 Notary Public
My commission expires: April 27, 2011

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CERTIFICATE OF SERVICE

In accordance with 28 U.S.C. § 2042, the undersigned hereby certifies that on April 14, 2010, a true and correct copy of the foregoing Application (and all attachments) was mailed via first class mail, postage prepaid, to:

United States Attorney
Attn: Civil Process Clerk
110 West 7th Street, Suite 300
Tulsa, Oklahoma 74119-1029

U. S. Trustee
224 S. Boulder Avenue, Room 225
Tulsa, OK 74103

Case Trustee
Steven W. Soule
Hall, Estill, Hardwick, Gable, etal
320 South Boston Avenue, Suite 200
Tulsa, OK 74103-3706

Debtor's Counsel
Terrence Phillip Dillon
PRO SE

Debtor
Terrence Phillip Dillon
8603 SOUTH JAMESTOWN
TULSA, OK 74137

Applicant
Greg Griffith
American Property Locators, Inc.
3855 S Boulevard, Suite 200
Edmond, OK 73013

Original Creditor
Watson Investment Partners LP Watson Asset Management, Inc.
237 Park Avenue, Suite 801
New York, NY 10017
(if Claimant is not original Creditor in the case)

(Original Creditor's Counsel, if any),
(if Claimant is not original Creditor in the case)



Greg Griffith

**UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF THE STATE OF OKLAHOMA**

IN RE:)	
)	Case No. 99-03441
Terrence Phillip Dillon,)	
)	(Chapter 7)
DEBTOR)	

ORDER DIRECTING PAYMENT OF UNCLAIMED FUNDS

Before the Court is the Application for Payment of Unclaimed Funds filed by American Property Locators, Inc. on 12/2/2008 on behalf of Watson Investment Partners LP Watson Asset Management, Inc. and in accordance with the provisions of 28 U.S.C. § 2042. The Court hereby directs the Clerk of the Court to remit to Claimant (or to Applicant and Claimant if the application was submitted by and attorney or "funds locator") the sum of \$3,492.64 now held as unclaimed funds in the registry of the Court.

The Movant Shall Notify ALL Interested Parties Of This Order

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APPROVED FOR ENTRY

American Property Locators, Inc

BY: s/ Greg Griffith
3855 S Boulevard, Suite 200
Edmond, OK 73013

LIMITED POWER OF ATTORNEY

Watson Investment Partners LP Watson Asset Management, Inc., ("Principal") executes this Limited Power of Attorney with the intention that the attorney-in-fact named below shall be able to act in his/her place for the purposes and duration set forth below.

Principal appoints American Property Locators, Inc., 3855 South Boulevard, Suite 200, Edmond, OK 73013 to be his/her attorney-in-fact to act for him/her in his/her name and place, and in any capacity that Principal might act,

ONLY to recover cash or cash equivalents specifically arising from the bankruptcy of Terrence Phillip Dillon, that belong to the Principal,

and may be paid to the Principal after compliance with procedures of applicable laws (the "Unclaimed Funds").

This Limited Power of Attorney shall become effective on the date written below, and shall remain effective, for one year from such date or until the Unclaimed Funds are claimed and remitted to Principal, whichever is sooner.

Principal's attorney-in-fact shall have all of the powers, discretions, elections, and authorities granted by law (including the endorsement of any instrument of payment on behalf of Principal) in connection with the claim, execution, acknowledgment, and delivery of any and all documents necessary or connected with claiming and recovering for Principal the Unclaimed Funds. Principal authorizes the use of a photocopy of this Limited Power of Attorney, for any purpose, in lieu of the original.

DATED this 6 day of MARCH, 2010

PRINCIPAL:

Watson Investment Partners LP Watson Asset Management, Inc.
Federal ID # 13-3943332

PRINCIPAL'S ADDRESS:

187 Grand Street, #1
New York, NY 10013
(347) 237-7813

By: STEPHEN WATSON

Title: PRESIDENT

ACKNOWLEDGMENT

STATE OF NEW JERSEY

COUNTY OF ESSEX

Before me a Notary Public, in and for said County and State on this 6th day of MARCH, 2010 personally appeared STEPHEN WATSON to me known to be the identical person who subscribed his/her name to the foregoing instrument as its PRESIDENT (title), and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed of such corporation, for the purposes therein set forth.

In Witness Whereof, I have hereunto set my official signature and affixed my official seal the day and year first above written.

My Commission Expires:

DANIEL S. O'CONNELL
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires April 27, 2010

Daniel S. O'Connell
Notary Public

UNITED STATES BANKRUPTCY
COURT NORTHERN DISTRICT
OF OKLAHOMA

IN RE:

Terrence Phillip Dillon,

Case No. 99-03441

Chapter 7

Debtor(s).

AFFIDAVIT OF CLAIMANT

(for use when Applicant is an attorney or funds locator)

I, Stephen T. Watson, the undersigned claimant (or duly authorized representative for the claimant as identified in paragraph (2)), declare as follows:

1. American Property Locators, Inc.

(Name and Address of Funds Locator)

has been granted a power of attorney to submit an Application For Payment of Unclaimed Funds (or I am the duly authorized representative for claimant as indicated in the attached power of attorney) seeking payment of:

(select one)

☒ claim number 43 if no claim was filed write
“scheduled” in blank space) for which the dividend of \$3,492.64
due and owing to me or the entity I represent as claimant in the
above referenced bankruptcy case;

☐ funds deposited in the name of the debtor in the amount of

\$3,492.64

2. My name, position with company *(if claimant is not an individual)*,
address and telephone number are as follows:

Name: Stephen T. Watson

Position: President/CEO

Entity: Watson Investment Partners LP Watson Asset Management, Inc.

Address: 187 Grand Street, #1

New York, NY 10013

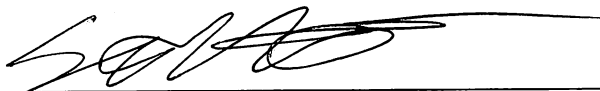
Telephone: (347) 237-7813

3. Copies of all necessary documentation, including those which establish the chain of ownership of the original corporate creditor (e.g., documents relating to a sale of company, purchase agreements and/or stipulation by prior and new owner as to right of ownership of funds) and which substantiate claimant's right to the funds, are attached.

4. I (or the business that I represent as claimant) have neither previously received these funds nor contracted with any other party other than the person named in item one above to recover these funds.

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief.

Dated: 3/6/2010


Signature of claimant or duly authorized representative
of claimant

Print Name

Title PRESIDENT/OWNER

13-3943332
XXX-XX-8842
Tax ID# or last 4 digits of SS# if individual claimant

Sworn to and Subscribed before me on this 6th day of MARCH,
2010.

[SEAL]


Notary Public

In and for the State of _____

My Commission expires: _____

DANIEL S. O'CONNELL
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires April 27, 2010

N. Y. S. DEPARTMENT OF STATE
DIVISION OF CORPORATIONS AND STATE RECORDS

ALBANY, NY 12231-0001

FILING RECEIPT

ENTITY NAME : WATSON ASSET MANAGEMENT, INC.

DOCUMENT TYPE : INCORPORATION (DOM. BUSINESS)

COUNTY: NEWY

SERVICE COMPANY : USA CORPORATE SERVICES INC.

SERVICE CODE: 57 *

FILED: 04/11/1997 DURATION: PERPETUAL CASH #: 970411000790 FILM #: 970411000766

ADDRESS FOR PROCESS

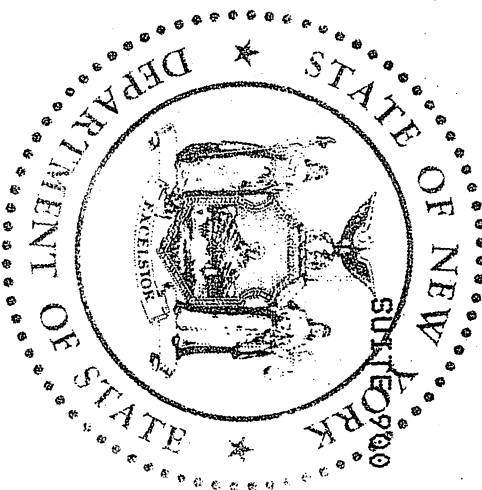
EXIST DATE

THE CORPORATION
237 PARK AVENUE
NEW YORK, NY 10017

04/11/1997

REGISTERED AGENT

STOCK: 200 NPV



FILER

R JON PINK
170 WASHINGTON AVENUE
ALBANY, NY 12210

FEES	160.00	PAYMENTS	160.00
FILING :	125.00	CASH :	0.00
TAX :	10.00	CHECK :	0.00
CERT :	0.00	FILLED:	160.00
COPIES :	0.00		
HANDLING:	25.00		

REFUND: 0.00

DOS-1025 (11/89)

New York State Department of Taxation and Finance

**CT-6**

(7/94)

Election by a Federal S Corporation to be Treated as a New York S Corporation

Employer identification number		File number	Business activity code number from federal return	For Office use only
Taxpayer's business name WATSON Asset MANAGEMENT Inc.		Principal business activity Asset Mgmt.		Date received
Business name at location below (if different from business name above) c/o		Telephone number (212) 697-3640		
Street or P.O. Box 237 Park Ave + 900		State of incorporation/date New York - 4/11/97		
City New York		Date began business in New York State 4/11/97		
Number of shareholders who are nonresidents of New York State 1		Authorized to do business in NYS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Number of shares issued and outstanding 100
The federal election to treat the corporation as an S corporation is effective for the tax year beginning 4/11 19 97		Check box if federal election is pending <input checked="" type="checkbox"/>		This election is to be effective for tax year beginning 4/11 19 97
If your tax is not a calendar year, indicate the month and day your tax year ends December				

(Shareholders' Unanimous Consent and Individual Affirmation) By signing below each shareholder of the above corporation elects to include all amounts required by Tax Law, Article 22, section 660, in computing his or her New York taxable income and certifies to the personal information given below is to the best of his or her knowledge and belief true, correct and complete.

A. Name and Address of each shareholder (include ZIP code)	B. Social security number	C. Stock owned		D. Shareholder's Signature For this election to be valid, all shareholders must signify consent by signing below
		Number of shares	Date acquired	
Stephen T. WATSON	8842	100	4/16/97	
2 FULTON ST + 2B				
Weehawken NJ				
07078				

*See instructions for column D if continuation sheet or a separate consent statement is needed.
Certification. I certify that this election and any attachments are to the best of my knowledge and belief true, correct, and complete.

Signature of elected officer or authorized person:		Official title: President	Date: 4/16/97
Firm's name (or yours if self-employed):		ID number	Date
Address		Signature of individual preparing this election	

Mail this form to: NYS DEPARTMENT, CORPORATION TAX REGISTRATION, BUILDING 8 ROOM 409, W A HARRIMAN CAMPUS, ALBANY NY 12227

Form **2553**

(Rev. September 1993)

Department of the Treasury
Internal Revenue Service**Election by a Small Business Corporation**

(Under section 1362 of the Internal Revenue Code)

▶ For Paperwork Reduction Act Notice, see page 1 of instructions.

▶ See separate instructions.

OMB No. 1545-0146

Expires 8-31-96

- Notes: 1. This election, to be an "S corporation," can be accepted only if all the tests are met under **Who May Elect** on page 1 of the instructions; all signatures in Parts I and III are originals (no photocopies); and the exact name and address of the corporation and other required form information are provided.
2. Do not file Form 1120S, U.S. Income Tax Return for an S Corporation, until you are notified that your election is accepted.

Part I Election Information

Please Type or Print	Name of corporation (see instructions) WATSON Asset MANAGEMENT Inc.	A Employer identification number (EIN) :
	Number, street, and room or suite no. (If a P.O. box, see instructions.) 237 PARK Ave + 900	B Date incorporated 4/11/97
	City or town, state, and ZIP code New York NY 10017	C State of incorporation New York

D Election is to be effective for tax year beginning (month, day, year) ▶ **4 / 11 / 97**

E Name and title of officer or legal representative who the IRS may call for more information
Stephen T. Watson - President

F Telephone number of officer or legal representative
(212) 697-3640

G If the corporation changed its name or address after applying for the EIN shown in A, check this box ▶ ☐

H If this election takes effect for the first tax year the corporation exists, enter month, day, and year of the **earliest** of the following: (1) date the corporation first had shareholders, (2) date the corporation first had assets, or (3) date the corporation began doing business ▶ **4 / 11 / 97**

I Selected tax year: Annual return will be filed for tax year ending (month and day) ▶ **December**

If the tax year ends on any date other than December 31, except for an automatic 52-53-week tax year ending with reference to the month of December, you must complete Part II on the back. If the date you enter is the ending date of an automatic 52-53-week tax year, write "52-53-week year" to the right of the date. See Temporary Regulations section 1.441-2T(e)(3).

J Name and address of each shareholder, shareholder's spouse having a community property interest in the corporation's stock, and each tenant in common, joint tenant, and tenant by the entirety. (A husband and wife (and their estates) are counted as one shareholder in determining the number of shareholders without regard to the manner in which the stock is owned.)	K Shareholders' Consent Statement. Under penalties of perjury, we declare that we consent to the election of the above-named corporation to be an "S corporation" under section 1362(a) and that we have examined this consent statement, including accompanying schedules and statements, and to the best of our knowledge and belief, it is true, correct, and complete. (Shareholders sign and date below.)		L Stock owned		M Social security number or employer identification number (see instructions)	N Shareholder's tax year ends (month and day)
	Signature	Date	Number of shares	Dates acquired		
Stephen T. WATSON 2 FULTON ST. # 2B Weehawken, NJ 07078		4/11/97	100	4/11/97	8842	Dec.

For this election to be valid, the consent of each shareholder, shareholder's spouse having a community property interest in the corporation's stock, and each tenant in common, joint tenant, and tenant by the entirety must either appear above or be attached to this form. (See instructions for Column K if a continuation sheet or a separate consent statement is needed.)

Under penalties of perjury, I declare that I have examined this election, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of officer ▶

Title ▶

President

Date ▶

4/11/97

EMPLOYER*H. Jacobs*

H. JACOBS, DIRECTOR

May-14-97 03:24P Watson Investment Partner

P.04

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
HOLTSVILLE NY 00501DATE OF THIS NOTICE: 05-05-97
NUMBER OF THIS NOTICE: CP 575 A
EMPLOYER IDENTIFICATION NUMBER: 13-3943332
FORM: SS-4
1916726134 BWATSON ASSET MANAGEMENT INC
237 PARK AVE 900
NEW YORK NY 10017FOR ASSISTANCE CALL US AT:
1-800-829-1040 OTHER NYOR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)**

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 13-3943332. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.

If you're required to deposit for employment taxes (Forms 941, 943, 940, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), we will send an initial supply of Federal Tax Deposit (FTD) coupon books within five to six weeks. You can use the enclosed coupons if you need to make a deposit before you receive your supply.

Based on the information shown on your Form SS-4, you must file the following forms(s) by the date we show.

Form 941
Form 1120
Form 94007/31/97
03/15/98
01/31/98

If the due date has passed please complete the form and send it to us by 05-20-97. If we don't receive the form by that date additional penalties and interest will be charged. If you weren't in business or didn't hire employees for the tax period shown, please file the form showing that you have no liability.

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have any questions about the forms shown or the date they are due, you may call us at 1-800-829-1040 or write to us at the address shown above.

Thank you for your cooperation.

What is form 941? Will you calculate?

NYS Department of State

Division of Corporations

Entity Information

Selected Entity Name: WATSON ASSET MANAGEMENT, INC.

Selected Entity Status Information

Current Entity Name: WATSON ASSET MANAGEMENT, INC.

Initial DOS Filing Date: APRIL 11, 1997

County: NEW YORK

Jurisdiction: NEW YORK

Entity Type: DOMESTIC BUSINESS CORPORATION

Current Entity Status: ACTIVE

Selected Entity Address Information

DOS Process (Address to which DOS will mail process if accepted on behalf of the entity)

WATSON ASSET MANAGEMENT, INC.

237 PARK AVE

STE 801

NEW YORK, NEW YORK, 10017

Chairman or Chief Executive Officer

STEPHEN T WATSON

237 PARK AVE

STE 801

NEW YORK, NEW YORK, 10017

Principal Executive Office

WATSON ASSET MANAGEMENT, INC.

C/O STEPHEN T WATSON

237 PARK AVE, STE 801

NEW YORK, NEW YORK, 10017

Registered Agent

NONE

NOTE: New York State does not issue organizational identification numbers.

[Search Results](#)

[New Search](#)

[Division of Corporations, State Records and UCC Home Page](#) [NYS Department of State Home Page](#)

American Property Locators, Inc.

3855 South Boulevard, Suite 200
Edmond, OK 73013
www.apl-inc.com

Fax (405) 340-5968
E-Mail: ggriffith@apl-inc.com

(800) 730-4343 ext 15
(405) 340-4900 ext 15

April 14, 2010

VIA PRIORITY MAIL

U.S. Bankruptcy Court
NORTHERN DISTRICT OF OKLAHOMA
224 S. Boulder, Room 105
Tulsa, OK 74103
Attn: Sherry Hodson

Re: Application to Withdraw Unclaimed Funds

Dear Ms. Hodson:

Enclosed is an Application to Withdraw Unclaimed Funds relating to the following matter:

Case No:	99-03441
Debtor:	Terrence Phillip Dillon
Creditor/Claimant:	Watson Investment Partners LP Watson Asset Management, Inc.
Amount:	\$3,492.64

Thank you for your assistance in this matter.

Sincerely,


Greg Griffith

GMG
Enclosures